



OFFICE OF COMMISSIONER OF INSURANCE
COMMISSIONER OF INSURANCE • INDUSTRIAL LOAN COMMISSIONER • SAFETY FIRE COMMISSIONER
Ralph T. Hudgens, Commissioner



www.ocl.ga.gov

Phone: 855-235-5174 ♦ E-mail: GAinslicensing@psionline.com

AGENTS LICENSING

Request For Clearance Letter

GID-391-AL AUG2014

1. General Instructions

- A. A clearance letter is used by Georgia resident licensees who wish to cancel their Georgia license and apply for a license in a new resident state.
- B. The fee for each clearance letter is \$10.00.
- C. You must submit your Georgia Insurance License with this request. If you have not submitted your license with this request, explain why your license is not included with this request.
- ☐ I have included my original license card with this request.
- ☐ I have not included my original license with this request because:
- D. Return this request along with payment to: **PSI SERVICES LLC / GEORGIA INSURANCE DEPT.**

2. Licensee Instructions

Print your complete name as it appears on your Georgia insurance license.

Licensee:

Last Name		First Name		MI	Suffix (Jr., Sr.)
Mailing Address (Suite number, floor number, etc...)					
City	State	Zip Code 5-digits	+4		
New Address (Suite number, floor number, etc...)					
City	State	Zip Code 5-digits	+4		
Residential Phone Number					

3. License Fee and Clearance Letter Request

License Number	Social Security Number	National Producer Number
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Insert the number of clearance letters requested. Multiply the number of clearance letters requested per license type by the fee of \$10.00 per letter. Enter the total in the "Total Amount Enclosed" space.

NOTE: If you hold more than one license, a request for a clearance letter for one license type implies cancellation of all licenses held.

Clearance Letter(s) requested for the following license type(s) →	
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Number Of Clearance Letters Requested	FEE (per letter requested)	TOTAL AMOUNT ENCLOSED	
X	\$ 10.00	\$	

WARNING: By requesting a clearance letter, you are canceling your current Georgia license for all license types.

Licensee Signature	Date
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MAIL FEES TO:	Bank of America Lockbox Services Lockbox 742983, 6000 Feldwood Road, College Park, GA 30349	TOTAL OF ALL FEES DUE → \$	
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